



Teen Academy

The Teen Academy is a **two week program** designed to give the participants a working knowledge of the Frisco Police Department. The course dates for Summer 2015 are June 12-22; July : -1: ; & July 44 – August 3. The Teen Academy consists of a series of classes and hands-on activities held **Monday thru Thursday, 8:00 AM to 4:00 PM**. The course is held at the **Frisco Police Department, 7200 Stonebrook Parkway**. There is **no cost** to anyone who enrolls. The classes will provide an overview of the various areas of law enforcement, such as SWAT, CSI, pursuit driving, riot training, investigations, etc. It is an educational and informative program that allows the teens the opportunity to learn about the issues that affect law enforcement efforts in Frisco. Most classes are taught by members of the Frisco Police Department in their various areas of expertise.

The program is open to students who have completed 9th, 10th, 11th or 12th grade. Applicants must be currently enrolled in high school in Fisd or be participating in a home-school program and must be in good academic standing. After submitting a completed application, applicants will be informed in writing as to whether they have been accepted, denied, or placed on a waiting list for a future class.

The mission of the Teen Academy is to provide the young adults of Frisco an opportunity to learn about the role and functions of the Frisco Police Department. It is hoped that all graduates of the Teen Academy will get to know more about the men and women who are protecting their community and why they make the decisions they do while performing that duty. The Teen Citizens Police Academy is not designed to make participants certified police officers. The contents of this course are of an informative nature only and it is not intended that the graduates have the authority of or act as police officers.



Teen Academy Application

The Teen Academy will be held at the Frisco Police Department. There is no charge for the program. Classes will be held Monday-Thursday 8:00am – 4:00pm. **Class does NOT meet on Fridays.**

Please rank your preference of dates: ____ June 1st – 6th ____ July 1st – 11th ____ July 11th – Aug 1st

Name: _____ Date of Birth: _____

Address: _____ City: _____

Home Phone: _____ Student Cell: _____ Parent Cell: _____

School Attending: _____ Grade Level Completed as of June 2011: _____

E-mail Address: _____

I currently live or attend high school in Frisco, Texas, and I agree to allow the Frisco Police Department to run a criminal background check on me as part of this application process.

(Signature of Applicant) Date: _____

(Signature of Parent/Guardian) Date: _____

Please return to the SRO at your campus:

Officer Baughman – FHS Officer R. J. – CHS Officer Brown – WHS Officer Varner – LHS
Officer P. J. – HHS Officer Storm – LSHS Officer U. J. – CTE Center

This application must be completed in full in order for us to perform a background check.

Completed applications are due no later than Friday, May 10, 2013. Applications will be processed in the order in which they are received. If you are accepted in the program, you will receive a confirmation before the last day of school.

For questions or concerns please contact Officer Varner at varnerj@friscoisd.org or (469) 633-5819.

RELEASE OF LIABILITY WAIVER

I, _____, hereby authorize my son/daughter to participate in the Frisco Police Department's Teen Police Academy. The Camp will take place on _____ (list dates).

I, _____, also give my permission for my son/daughter to be transported to and from scheduled and specified events by the following modes of transportation: 1) Vehicles owned and operated by the City of Frisco.

I, _____, fully understand and my son/daughter fully understands that participation and transportation during the Frisco Police Department's Teen Police Academy could result in bodily injury, serious bodily injury, illness or death. Although I fully appreciate these risks, I desire my child to participate in the Frisco Police Department's Teen Police Academy without regard of the consequences. I, the undersigned, assume full and complete responsibility for any accident, injury or illness and or activity that may occur to my child as a result of their participation. I agree to and hereby release, hold harmless, and waive all claims that I, or my child may have against the Frisco Police Department, City of Frisco, or any of its employees, agents, sponsors, representatives, or volunteers from all legal injury, illness or death and or activities arising from or connected in any manner to my child's participation in the Frisco Police Department's Teen Police Academy, including but not limited to liability, damages, legal fees and/or costs caused by or related to the negligence or the intentional act of the Frisco Police Department, City of Frisco, or anyone of its employees, agents, sponsors, representatives, or volunteers in whole or in part. This release shall be binding on my heirs, legatees, administrators, and assigns.

PARENT/GUARDIAN _____ **DATE** _____

CADET SIGNATURE _____ **DATE** _____

RULES OF BEHAVIOR

- 1) Cadets will be expected to maintain a mature and respectful attitude towards classmates and instructors.
- 2) Students will adhere to a strict "no touch" policy, much like those of school rules.
- 3) Cadets are expected to keep up with their personal belongings and should limit what they bring to class (notebooks, lunches, etc.)
- 4) Cell phones, MP3 Players/iPods will NOT be allowed.
- 5) If possible, girls should refrain from bringing purses to class.
- 6) Cadets will be expected to participate in all class activities (unless student is unable. Instructors should be given notice of cadet's physical limitations prior to the start of the academy).

Violations of the rules of behavior may result in expulsion from the academy.

CADET SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN _____ **DATE** _____

MEDICAL INFORMATION

*PLEASE PRINT

Date: _____

Name of Applicant: _____

Please list any medical condition the applicant has:

List all medications taken by the applicant:

Is applicant required to take medication between the hours of 8:00am-4:00pm? Yes/No

If yes, what is the medication and the dosage?

Is applicant able to administer medication? Yes / No

If no, explain: _____

NOTE: All medical emergencies will be treated as such and will be attended to by the Frisco Fire Department as seemed necessary by academy personnel, instructors or coordinators.

Physician _____ Phone _____

Dentist _____ Phone _____

Parent Signature: _____ Date: _____